



House of Representatives

General Assembly

File No. 361

February Session, 2010

House Bill No. 5258

House of Representatives, April 7, 2010

The Committee on Public Health reported through REP. RITTER of the 38th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

***AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE
PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE
CONCERNING SCOPE OF PRACTICE DETERMINATIONS FOR
HEALTH CARE PROFESSIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective July 1, 2010*) (a) Not later than September
2 1, 2010, and annually thereafter, any person or entity, acting on behalf
3 of a health care profession that seeks to advance legislation in the
4 following year's legislative session that would result in a statutory
5 change to such profession's scope of practice or the enactment of new
6 statutory provisions setting forth the scope of practice, shall submit a
7 written scope of practice request to the Department of Public Health.
- 8 (b) Any written scope of practice request submitted to the
9 Department of Public Health shall include the following information:
- 10 (1) A plain language description of the request;
- 11 (2) Public health and safety benefits that the requestor believes will

12 be achieved should the request be implemented and, if applicable, a
13 description of any harms to public health and safety should the request
14 not be implemented;

15 (3) The impact that the request will have on public access to health
16 care;

17 (4) A summary of state or federal laws that govern the health care
18 profession making the request;

19 (5) The state's current regulatory oversight of the health care
20 profession making the request and the impact that the request will
21 have on current regulatory oversight;

22 (6) All current education and training requirements applicable to
23 the health care profession making the request;

24 (7) All scope of practice changes either requested or enacted
25 concerning the health care profession in the five-year period preceding
26 the date of the request;

27 (8) The number and types of complaints, professional disciplinary
28 actions and malpractice claims brought against the health care
29 profession in the five-year period preceding the date of the request;

30 (9) The anticipated economic impact to the health care professions
31 affected by the request;

32 (10) Regional and national trends concerning licensure of the health
33 care profession making the request and a summary of relevant scope
34 of practice provisions enacted in other states; and

35 (11) Identification of any health care professions that can reasonably
36 be anticipated to oppose the request, the possible nature of opposition
37 to the request and efforts made by the requestor to secure support for
38 the request from other health care professions, including identification
39 of areas of agreement between any affected health care professions.

40 (c) Not later than September 15, 2010, and annually thereafter, the

41 Department of Public Health shall: (1) Provide written notification to
42 the joint standing committee of the General Assembly having
43 cognizance of matters relating to public health of any health care
44 profession that has submitted a scope of practice request to the
45 department pursuant to this section; and (2) post any such request on
46 the department's web site, such posting shall include the name and
47 address of the requestor.

48 (d) Not later than October 1, 2010, and annually thereafter, any
49 person or entity, acting on behalf of a health care profession that
50 opposes a scope of practice request submitted pursuant to this section
51 may submit to the department a written statement in opposition to the
52 scope of practice request. Any such person or entity opposing a scope
53 of practice request shall indicate the reasons for opposing the request
54 taking into consideration the criteria set forth in subsection (b) of this
55 section and shall provide a copy of the written statement in opposition
56 to the scope of practice request to the requestor. Not later than October
57 15, 2010, the requestor shall submit a written response to the
58 department and any person or entity that has provided a written
59 statement of opposition to the scope of practice request. The
60 requestor's written response shall include a description of areas of
61 agreement and disagreement between the respective health care
62 professions.

63 (e) Any health care profession that fails to comply with the
64 provisions of this section in making a scope of practice request shall be
65 prohibited from seeking legislative action on the scope of practice
66 request until such time as the health care profession is in full
67 compliance with the provisions of this section.

68 Sec. 2. (NEW) (*Effective July 1, 2010*) (a) On or before November 1,
69 2010, and annually thereafter, the Commissioner of Public Health shall
70 establish and appoint members to a scope of practice review
71 committee for each timely scope of practice request submitted to the
72 department pursuant to section 1 of this act. Committees established
73 pursuant to this section shall consist of the following members: (1) One

74 member representing the health care profession making the scope of
75 practice request, provided if a state professional board or commission
76 exists under subsection (b) of section 19a-14 of the general statutes for
77 the health care profession making the request, the member shall be
78 selected from such board or commission; (2) in the event that one or
79 more persons or entities, acting on behalf of health care professions,
80 have submitted a written statement pursuant to subsection (d) of
81 section 1 of this act, the commissioner shall appoint one member to
82 represent such health care professions, provided if a state professional
83 board or commission exists under subsection (b) of section 19a-14 of
84 the general statutes for any of the professions opposing the request, the
85 member shall be selected from such board or commission; (3) two
86 health care professionals licensed in this state who have no personal or
87 professional interest in the scope of practice request; (4) a member of
88 the general public who has no personal or professional interest in the
89 scope of practice request; and (5) the Commissioner of Public Health or
90 the commissioner's designee, who shall serve as an ex-officio,
91 nonvoting member of the committee. The committee shall select its
92 chairperson from among the members appointed pursuant to
93 subdivision (3) or (4) of this subsection. Members of such committee
94 shall serve without compensation.

95 (b) Any committee established pursuant to this section shall review
96 and evaluate the scope of practice request, subsequent written
97 responses to the request and any other information the committee
98 deems relevant to the scope of practice request. The committee, when
99 carrying out the duties prescribed in this section, may seek input on
100 the scope of practice request from the Department of Public Health
101 and such other entities as the committee determines necessary in order
102 to complete its written assessment and recommendations as described
103 in subsection (c) of this section.

104 (c) The committee, upon concluding its review and evaluation of the
105 scope of practice request, shall provide a written assessment of the
106 scope of practice request and, if applicable, suggested legislative
107 recommendations concerning the request to the joint standing

108 committee of the General Assembly having cognizance of matters
 109 relating to public health. The committee shall provide the written
 110 assessment and any legislative recommendations to said joint standing
 111 committee not later than the February first following the date of the
 112 committee's establishment. The committee shall terminate on the date
 113 that it submits its written assessment and any legislative
 114 recommendations to said joint standing committee.

115 Sec. 3. (NEW) (*Effective July 1, 2010*) On or before September 1, 2013,
 116 the Commissioner of Public Health shall evaluate the processes
 117 implemented pursuant to sections 1 and 2 of this act and thereafter
 118 report to the joint standing committee of the General Assembly having
 119 cognizance of matters relating to public health, in accordance with the
 120 provisions of section 11-4a of the general statutes, on the effectiveness
 121 of such processes in addressing scope of practice requests.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2010</i>	New section
Sec. 2	<i>July 1, 2010</i>	New section
Sec. 3	<i>July 1, 2010</i>	New section

PRI Joint Favorable C/R

PH

PH Joint Favorable

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 11 \$	FY 12 \$
Public Health, Dept.	GF - Cost	56,000 - 88,000	56,000 - 88,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill establishes a health care profession scope of practice (SOP) review process, resulting in a consultant cost to the Department of Public Health (DPH) of \$56,000 to \$88,000 in FY 11 and FY 12. This assumes a cost of \$200 per hour, for an average of 40 hours of work per SOP reviewed, resulting in a total cost of \$8,000 to DPH per review. It is anticipated that there would be 7 to 11 such reviews in FY 11 and FY 12. From 2005 to 2009, there were an average of 9 bills filed or introduced by the Public Health Committee creating or modifying health professions' SOPs each year.

The Out Years

The annualized ongoing fiscal impact identified above would continue in the future subject to the number of SOP reviews by DPH.

OLR Bill Analysis**HB 5258*****AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE
PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE
CONCERNING SCOPE OF PRACTICE DETERMINATIONS FOR
HEALTH CARE PROFESSIONS.*****SUMMARY:**

This bill establishes a formal process for the submission and review of requests from health care professions seeking to revise their existing scope of practice or to establish a new scope of practice prior to consideration by the General Assembly. Under the bill, scope of practice review committees review and evaluate scope of practice requests and provide written assessments to the Public Health Committee, including any legislative recommendations. The Department of Public Health (DPH) is responsible for receiving scope of practice requests and for establishing and providing support to the review committees.

EFFECTIVE DATE: July 1, 2010

SCOPE OF PRACTICE REQUEST***Written Request to DPH***

The bill requires any person or entity, acting on behalf of a health care profession, seeking legislative action in the following year's legislative session that would result in (1) a statutory change to the profession's scope of practice or (2) new statutory provisions establishing a scope of practice, to provide DPH with a written request. This must be done by September 1, 2010 and annually afterward.

Criteria

The request submitted to DPH must include:

1. a plain language description of the request;
2. public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if the request is not implemented;
3. the impact on public access to health care;
4. a summary of state or federal laws governing the profession;
5. the state's current regulatory oversight of the profession and the effect of the request on it;
6. all current education and training requirements applicable to the profession;
7. all scope of practice changes either requested or enacted concerning the profession in the five years preceding the request;
8. the number and types of complaints, professional disciplinary actions, and malpractice claims brought against the profession in the five years before the request;
9. the anticipated economic impact on the health professions affected by the request;
10. regional and national trends concerning the health profession making the request and a summary of relevant scope of practice provisions enacted in other states; and
11. identification of any health care professions that might oppose the request, the possible nature of the opposition, and efforts the requestor made to get support for the request from other health care professions, including areas of agreement between any affected health professions.

Notification to the Public Health Committee

By September 15, 2010 and annually afterward, DPH must (1) give

written notice to the Public Health Committee of any health care profession that has submitted a scope of practice request to the department and (2) post the request on the DPH website, including the name and address of the requestor.

Statement of Opposition

Any person or entity acting on behalf of a health care profession opposing a submitted scope of practice request may submit a written statement to DPH by October 1, 2010 and annually afterward. Those opposing the request must indicate their reasons, taking into consideration the criteria listed above, and provide the requestor with a copy of their statement of opposition. By October 15, the requestor must submit a written response to DPH and any person or entity that submitted a written statement of opposition. The response must describe areas of agreement and disagreement between the respective health professions.

Prohibition On Seeking Legislative Action

A health care profession that fails to comply with these provisions when making a scope of practice request is prohibited, under the bill, from seeking legislative action on that request until it is in full compliance.

SCOPE OF PRACTICE COMMITTEES

Membership

By November 1, 2010 and annually afterward, the DPH commissioner must establish and appoint members to a scope of practice review committee for each timely scope of practice request the department receives. The committees consist of (1) one member representing the health care profession making the scope of practice request (if a statutorily established state professional board or commission exists for the requesting profession, then the member must come from that board or commission); (2) one member representing one or more professions that submitted a statement in opposition to the request appointed by the commissioner who must select the member from a state board or commission for that

profession, if one exists; (3) two state-licensed health care professionals who have no personal or professional interest in the request; (4) a member of the general public with no personal or professional interest in the request; and (5) the DPH commissioner or his designee who serves in an ex-officio, non-voting capacity.

The committee must select a chairperson from its membership. Members receive no compensation.

Duties

The committee must review and evaluate the scope of practice request, subsequent written responses to the request, and any other information the committee deems relevant. After concluding its review and evaluation, the committee must provide a written assessment of the scope of practice request and, if applicable, suggested legislative recommendations to the Public Health Committee by the following February 1. The scope of practice committee can seek comment from DPH and other entities it determines necessary in order to complete its written assessment and recommendations. The committee terminates on the date it submits its assessment and recommendations to the Public Health Committee.

Evaluation

By September 1, 2013, the bill requires the DPH commissioner to evaluate the scope of practice request process and report to the Public Health Committee on its effectiveness in addressing scope of practice requests.

COMMITTEE ACTION

Program Review and Investigations Committee

Joint Favorable Change of Reference

Yea 12 Nay 0 (03/11/2010)

Public Health Committee

Joint Favorable

Yea 28 Nay 3 (03/24/2010)